

18 May 2007 Hope for young women with anorexia nervosa-but recovery takes a long time

Fully 58 out of 68 former patients in child and adolescent psychiatry in northern Sweden recovered from their anorexia nervosa. In the follow-up, the group studied was characterized by self-reported good physical and mental health. This is shown in a 16-year follow-up that Karin Nilsson presents in her dissertation at Umeå University in Sweden.

After only 8 years, 68 percent evinced no diagnosable eating disturbance. Those who recovered most quickly had had fewer bodily complications during the first period of their disease. The former patients expressed that their own high demands were the most important cause of their disorder. For recovery, it was deemed important to reach their own decision to want to be healthy, in combination with external factors. The experience of a turning point could be important in starting down the road to recovery.

Friends, treatment, activities, and family are important for recovery to progress.

- Treatment, in combination with encouragement to take part in ordinary social life, is a key factor of success.

The method involved interviews and assessment guides eight and sixteen years after the debut of the disorder. The interview also took into account patients' own opinions regarding causes and what was important to their recovery.

Conclusions:

- Anorexia nervosa is still a disease that should be regarded with respect even though complications leading to death have declined.
- There is reason to be very hopeful about the possibility of recovering.
- Even after a long period of sickness it is fully possible to recover.
- The efforts of friends and relatives are of great importance to recovery.
- Early diagnosis and treatment are important.

Dissertation: Recovery from Adolescent Onset Anorexia Nervosa A Longitudinal Study

Linked Abstract:

Objective

This study examines the long-term outcome of adolescent onset anorexia nervosa, 8 and 16 years after first admission to child and adolescent psychiatric (CAP) treatment in northern Sweden.

Method

Two follow-ups (1991 and 1999) were made of 68 women who were first admitted to CAP between 1980 and 1985. The follow-ups included interviews and self-report inventories. Eating disorders and GAF were evaluated according to DSM-III-R.

Results

Recovery increased from 46 (68%) to 58 (85%). EDNOS (eating disorder not otherwise specified) decreased from 16 (24%) to seven (10%). The numbers for anorexia nervosa (AN) were the same, two (3%) in both follow-ups. Bulimia nervosa (BN) decreased from four (6%) in the first follow-up to one (1.5%) in the second follow-up. The mortality rate was one (1%). Self-evaluation of mental health indicated that 15% had problems with depression, anxiety or compulsive symptoms. Somatic problems

and paediatric inpatient care during the first treatment period could predict long-term outcome. Most former patients had a satisfactory family and work situation.

Conclusion

Recovery from eating disorders continued during the follow-ups. Copyright © 2005 John Wiley & Sons, Ltd and Eating Disorders Association.

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